

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____		
							APPLICANT(S) _____				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.			
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9	/						59				
10	/						60				
11							61				
12	/						62				
13		/					63				
14		/					64				
15	/						65				
16		/					66				
17		/	-				67				
18		/	-				68				
19		/	-				69				
20		/	-				70				
21							71				
22							72				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	16		↓		↓	↓	TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS	20						TOTAL CLAIMS				